

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- ☐ Restaurant/Hotel-Motel
- ☐ Club/Government
- ☐ Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Sarbjot Chera Address: 7298 S Hwy 92
Business Name: Canyon General Mini Mart City/Zip: Hereford 85615
Liquor License #: 09020051 Parcel #: 104-06-021
Ownership Type: LTD Liquor License ☒ Special Event Liquor License ☐
Partner(s): Chera Brothers LTD

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning
Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐

Use permitted by P&Z? Y ☒ N ☐

Date Permit Issued: 1988

If use not permitted, is it LNC? Y ☐ N ☒

Zoning: GB

Permit#: Unable to locate file.

Use Permitted: Mini-Mart Convenience Store

Year LNC Established: N/A

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☒ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores

Title: Permit and Customer Service Coordinator

Signature: Dora V Flores

Date: May 15, 2014

Contact phone: 520-432-9240

Email: dflores@cochise.az.gov

Return completed form with any attachments by:

May 21, 2014

COCHISE COUNTY BOARD OF SUPERVISORS



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TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

The Environmental Health Division has no objections to the issuance of this liquor license.

Tim W. RS.

Date **5/13/2014**

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☐ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: _____ Title: _____
Signature: _____ Date: _____
Contact phone: _____ Email: _____

Return completed form with any attachments by: _____

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Partner(s): Chera Brothers LTD

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. The applicant, or any named partner(s), has had a felony conviction within five (5) years prior to the application or;
2. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: The applicant has not had any felony convictions within the last 5 years and there have not been a significant number of incidents at the locations.

The name supplied on the application does not match the records check. The name that came up on the records check is Sarabjot Singh Cheira.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Mark P. Genz Title: Commander
Signature: Ss/Mark P. Genz Date: 051614
Contact phone: 432-9506 Email: mgenz@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

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TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

☐ Yes xxx ☐ No

If not, please attach pertinent documentation.

Comments:

The second half of 2013 taxes has not been paid they are delinquent at this time

Name: Kathleen wilson Title: Tax specialist 1
Signature: _____ Date: 5/14/2014
Contact phone: 520-432-8404 Email: kwilson@cochise .az.gov

Return completed form with any attachments by: _____

From: Wilson, Kathleen
Sent: Wednesday, May 14, 2014 7:26 AM
To: Davis, Catherine
Subject: the second half of 2013 taxes has not been paid

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OPTION:
      P H      F5-LEGAL DESC      F10-ROLL INFO      F3-RETURN
      F12-STEP BACK

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